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20/27 December 2008

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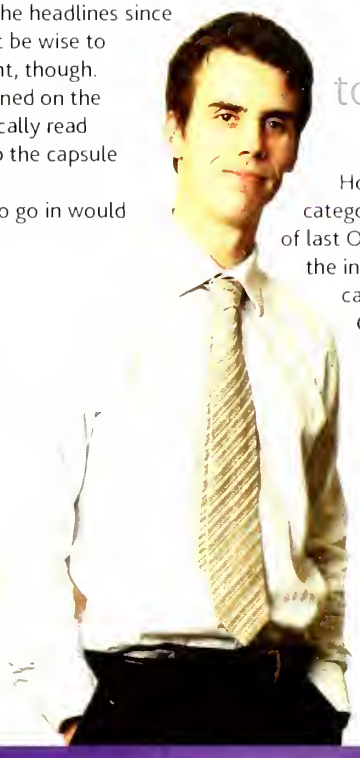
Comment from the Editor

Back in the day, Blue Peter presenters used to dig up the gardens of Television Centre to bury a time capsule. Years later, if Shep hadn't got there first, memories of yesteryear were uncovered and future generations got a glimpse of life at the time.

Were pharmacists to put together a time capsule for 2008, there would be some interesting contenders for inclusion. The white paper would surely warrant a place – it's never been far from the headlines since being published in April. It might be wise to avoid the full 141-page document, though. Imagine the horror of those weaned on the Nintendo Wii at having to physically read so many pages when they dig up the capsule in 2038.

Another document destined to go in would be the prospectus on the new professional body. Future generations could marvel at the blueprint for what will have become a hugely influential and popular organisation. Or it may be seen as little more than an epitaph for the long deceased Royal Pharmaceutical Society.

A tuft of hair may seem a slightly incongruous choice. But the item might just convey how the extreme work pressures faced by pharmacists have left many pulling their hair out.



Last October's cut in purchase profits still haunts the industry – maybe it's time to call in Derek Acorah to rid the curse

Hopefully, when the time capsule is recovered, category M will be a distant memory. The spectre of last October's cut in purchase profits still haunts the industry. Even this week, 14 months on, category M was cited as a factor in the Co-op's decision to close 14 pharmacies – maybe it's time to call in Derek Acorah to rid the curse. And, of course, no pharmacy time capsule would be complete without a trusty copy of C+D. It's been a monumental year, with our inaugural awards, the Building Bridges campaign and the launch of our MUR Zone, to name but a few. None of this would have been possible without your continuing support.

On behalf of all the C+D team, we wish you a very merry Christmas and a happy new year.

Max Gosney, News Editor

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Government ditches plans to restrict doctor dispensing

DDA chief executive hails decision as "victory for common sense" as heavy opposition sways ministers

Andrew Alexander

Ministers have ruled out plans to restrict the ability of GPs to dispense drugs directly to patients.

The pharmacy white paper had proposed changes that would have stopped doctors dispensing where there was a pharmacy within a mile of their practice.

However, health minister Phil Hope said the proposals had been scrapped in response to heavy opposition from GPs.

Mr Hope told the Commons: "I'm aware of the strength of responses that we've received on the various options for amending the criteria for dispensing by doctors."

He added: "Because of this I'm pleased to announce that there will be no change to the current arrangements on GPs dispensing medicines to their patients."

Mr Hope said the government was looking at the responses to its consultation on the pharmacy white paper and would make an announcement on "wider issues" from the document in the new year.

The Dispensing Doctors' Association praised the move as a welcome Christmas present for its members. Chief executive David Baker said: "At long last dispensing doctors and their staff can enjoy a Christmas without this worry hanging over their heads. This is a victory for common sense"

The government's decision to abandon restrictions on dispensing doctors follows a cross-party campaign against the proposed overhaul.

Opponents had said limiting dispensing powers would threaten hundreds of GP practices, mainly in rural areas, and would lead to a reduced service for many patients.

Debate must move on, say pharmacy chiefs

The dispensing doctor debate must now give way to focus on the rest of the pharmacy white paper and professional collaboration, pharmacy chiefs have said.

The NPA and PSNC expressed hope that the government's decision to make no change to dispensing GP arrangements, announced this week, would allow more constructive focus on the pharmacy profession.

Plans to outlaw dispensing practices less than a mile from a pharmacy had "overshadowed the broader, positive agenda set out in the pharmacy in England white paper", said NPA chief executive John Turk. "I hope now the debate can focus on how the two professions can use their combined force to improve outcomes for patients."

PSNC pointed out that it had supported the no change option and said it was "not surprised" by the outcome. **JR**

Screening barriers must go, MPs warn DH

"Significant" potential barriers to pharmacy's role in a national vascular screening programme must be removed by the Department of Health (DH), MPs have said. But pharmacists must also rise to the challenge of delivering the service, the all-party pharmacy group (APPG) warned.

The cross-party group has written to pharmacy minister Phil Hope about its concerns over the profession's "crucial role" in delivering a national vascular screening programme.

These included the "inconsistency of commissioning" of community pharmacy services by PCTs. The APPG asked Mr Hope "how you and your officials intend to encourage PCTs to make use of the community pharmacy resource on their doorstep, in order to achieve the government's objective of reaching the entire 40 to 74-year-old age group as soon as possible".

Health secretary Alan Johnson having a test for diabetes, one of the diseases he hopes to prevent with a national vascular screening programme

The group also called on the minister to:

- use pharmacy's marketing expertise to provide PCTs with guidance on raising public awareness of the screening programme
- develop a clear and consistent label for the service "to avoid confusion, inefficiency and double screening"
- "urgently explore" the electronic transmission of information about screening between pharmacies and GPs' patient records.

But the APPG's "call to action" was also aimed partly at pharmacists. The group said: "Pharmacists locally must take their case to PCTs and persist if they are to achieve a good share of vascular risk assessments."

The letter follows a parliamentary meeting on pharmacy's role in vascular screening last month, which heard success stories from early pharmacy-led pilots.

Read Lloydspharmacy's Andy Murdock's letter on the subject at www.chemistanddruggist.co.uk/news **JR**

Say what?

2008 IN QUOTES

It's not like we're in the Australian outback where we need flying doctors

PDA director John Murphy, on why automated dispensing may not be necessary in Wales (Feb 2)

After the abuse I had to put up with? You expect pharmacists to put up with that abuse?

Samuel Edwin Ashby, 62, on whether he regretted an assault that left an RPSGB official with a 10cm head wound (February 23)

What does Campbell's soup have to do with pharmacy? **See page 34**

Co-op job losses 'likely'

Up to 120 staff across England and Wales face redeployment or redundancy

Jennifer Richardson

Co-operative Pharmacy pharmacists and staff face job losses after it confirmed closures and sales of some stores.

The UK's third-largest multiple is set to close at least 14 "loss-making" branches. A further 12 will be shut if a buyer cannot be found by April.

Redundancies were "likely", a Co-operative Pharmacy spokesperson said, although the company would look to "redeploy" the almost 120 affected staff to other branches.

The spokesperson blamed the closures on a "challenging financial climate", particularly the impact of category M clawbacks. "Profits have been adversely affected by the impact of cuts in government funding," she said.

"Despite efforts to make these outlets viable, their level of trade does not justify us keeping them open." The affected stores were "spread across England and Wales", the spokesperson added.

In October, the Co-operative Pharmacy attributed a £4 million profit drop to category M (C+D, October 4, p7). Shortly after, the company confirmed the loss of 150 full-time equivalent pharmacy staff jobs. A Co-operative pharmacist working in the Cardiff area remained upbeat. She told C+D she "wouldn't really panic about it unless we heard something about our store". But a Cambridge-based employee said her staff were "concerned". She added: "It's difficult to know how to advise your staff, but at the end of the day it's the patient that's going to suffer, because that's who we're here for."

PCTs would consider the impact of the closures and ensure local pharmaceutical service provision was adequate, a Department of Health spokesperson said. "Government funding for pharmacy services has increased by over 13 per cent between 2007-08 and 2009-10," he added.

Smaller, independent multiples, including Murrays Healthcare and McParland Pharmacies, told C+D of redundancies caused by category M in the summer (C+D, July 19, p5).

Boots in decorations dispute

Boots has failed in a High Court bid to reduce its bill for Christmas decorations and a Santa's grotto at a Manchester shopping centre.

The court found against the multiple's claim that the festive displays and entertainment at the Trafford Centre were promotions and therefore subject to a landlord's contribution of 50 per cent.

Boots was ordered to pay the centre's legal costs and refused the right to appeal against the finding that the decorations were services to which the landlord did not have to contribute.

A Boots spokesperson said it was reviewing the judgement. "Boots UK genuinely believes there was an ambiguity in the terms of the lease between the service charge and promotions clauses in our contract with The Trafford Centre and asked the court to clarify this," she said.

"We would like to make it clear that we have always paid the service charge in full."

The Trafford Centre extended some seasonal goodwill in its response to the judgement. A spokesperson said: "It is clear that Boots have been badly advised on this issue, but we look forward to working closely with them in the future to the continued benefit of both of our businesses." **JR**

News in brief

UniChem drivers laid off

UniChem is set to make up to 20 delivery drivers redundant next year. The move was part of the planned "optimisation" of UniChem's fleet, a spokesperson said, to integrate a local delivery network for Pfizer's direct-to-pharmacy scheme into the wholesaler's normal routes.

Phoenix resumes UDG

Phoenix has won a High Court bid to overturn an injunction placed on them by pre-wholesaler UDG. The order had prevented Phoenix from selling products distributed by UDG, but Phoenix customers can now order UDG products as normal.

Action plan for Scotland

A new action plan for pharmacy is to be written by Scotland's chief pharmacist, Bill Scott. The blueprint was requested by health minister Shona Robison, who announced the move at an RPSGB reception at the Scottish Parliament last week.

C+D survey winner

The winner of the C+D Internet Survey prize draw is Jitesh Mistry. Our congratulations go to Jitesh, who will receive a cheque for £250.

PhwSI finals near

Final accreditation frameworks for pharmacists with special interests (PhwSI) will be issued in "the near future", pharmacy minister Phil Hope has confirmed in response to a parliamentary question.

Mark Walker reveals his fears over the new professional body. Read more at www.chemistanddruggist.co.uk/letters

"I've worked 40 years in the health service and I can't remember a year when there wasn't a low morale"

National clinical director David Colin-Thomé, on health professionals' "whingeing" (May 3)

"It means we're in head office and we're talking, and we're not just having a cup of tea and a biscuit"

PDA chairman Mark Koziol, on the prospect of 50 per cent of a company's employees joining the trade union (May 3)

Top scores for C+D Update Knockout

This year's top Pharmacy Update contestants have achieved impressive scores in rounds 1 and 2 of the quiz competition to decide the winner.

Onlookers and contenders alike should prepare themselves for a nail-biting finale, for as many as five competitors have scored the maximum of 60 points (that is, 30 points in each of the two rounds so far), and another nine contenders are on 59 points each.

League leaders with 60 points each are Trevor Purrington of Oxford, Maggie Vesty of Oxford, Fiona Marshall of the Isle of Man, Vivek Kulvelker of Stockton on Tees, and Raj Patel of Kingston.

To reach this stage, the contestants have all achieved perfect scores in Update modules through the year – and with only one more module to go, they have been taking part in final quiz rounds to decide the winners.

Third round results will be announced on January 10. **GMA**

Update Knockout is supported by

GENUS PHARMACEUTICALS

Stocks at risk as falling pound reduces imports

Industry fears strong euro may further reduce importing of drugs to the UK

Zoe Smeaton

Wholesalers have issued fresh warnings on stock shortages as the value of the pound sank to record lows this week.

They also called on manufacturers to give them information on price cuts, as the DH published the Pharmaceutical Price Regulation Scheme (PPRS) in full.

The pound edged closer to parity with the euro this week, fueling fears that cheaper UK drug stocks will be sold for profit on the more expensive European market.

Mark Stephenson, supplier relations director at UniChem, said this was a "real concern" for wholesalers and pharmacists.

A reduction in drug imports could lead to stock shortages, added Martin Sawer, executive director of the British Association of Pharmaceutical Wholesalers. "We are finding that stock is sometimes in short supply."

UniChem also said it continued to be "concerned about the prospect of stock shortages in 2009 when the latest PPRS cuts come into effect", with the increasingly poor exchange rate making this an even greater threat.

The new PPRS will go live next February, and deliver a 3.9 per cent cut in branded drug prices. The DH said manufacturers must give them the details of these price changes by January 6. Wholesalers urged manufacturers to share this pricing information with them too.

Mr Sawer said without early notification of pricing plans, wholesalers could start to destock to avoid making big losses when prices drop.

Are you concerned about stock shortages?
zsmeaton@cmpmedica.com

News in brief

Boycott nears end

Northern Irish health ministers have agreed a deal with pharmacy representatives that will end a boycott of minor ailments services in the province, C+D understands.

Rogue diet drugs online

A study has uncovered websites selling slimming pills and illegal diet drugs to patients without prescriptions. Research company MarkMonitor found 326 commercial sites sold or redirected users to prescription only drugs.

Fighting fakes increases work

Pharmacists must not bear the burden of proposed European Commission strategies to combat counterfeit medicines, industry experts have warned.

The Commission has suggested that to help combat counterfeiting, some products should have "a safety feature" enabling them to be identified, authenticated and traced. These could be seals on medicine packs or individual product codes that could be read in pharmacies.

But Margaret Peycke, service development information manager at the NPA, warned that wholesalers, not pharmacists should be responsible for verifying the integrity and traceability of medicines. She said the burden on pharmacists if they had to do this would be "onerous and disproportionate to the risk".

Ms Peycke also said pharmacists must be able to break seals in some circumstances, such as to provide non standard doses, or break up bulk packs.

Richard Freudenberg, secretary general of the British Association of European Pharmaceutical Distributors, said he was "pleased" that parallel importers would be allowed to break the seals and reseal medicines. This may have cost implications, but is needed for them to insert patient information in the required language.

But Richard Barker, director-general at the Association of the British Pharmaceutical Industry, called on the Commission to consider banning repackaging altogether to combat counterfeiting. **ZS**

I'll be back

Hemant Patel, on his future plans after ending his three-term run as RPSGB president (May 17)

"There doesn't seem to be any light at the end of the tunnel"

McParland Pharmacies director Heather McParland, on redundancies made as a result of category M (July 19)

"Are customers expected to ask for the morning-after pill as if they were ordering chicken nuggets and fries?"

C+D reader Robert Jones is unimpressed by Boots' launch of a drive-through pharmacy (August 30)

Read more in C+D's annual review on page 26

12 WEEK CHAMPIX THERAPY SUPPORTS QUIT SUCCESS[1]

- The acute effects of stopping smoking can continue for more than 10 weeks[2]
- *CHAMPIX* has a unique dual mode of action developed to reduce:[3-5]
  - nicotine cravings
  - withdrawal symptoms
  - pleasurable effects of smoking

CHAMPIX – A 12 week course for your motivated quitters

CHAMPIX® Film-Coated Tablets (varenicline tartrate) ABBREVIATED PRESCRIBING INFORMATION – UK. (See Champix Summary of Product Characteristics for full Prescribing Information). Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg. **Presentation:** White, capsular-shaped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 0.5" and the other; and light blue, capsular-shaped, biconvex tablets debossed with "Pfizer" on one side and "CHX 1.0" on the other side. **Indications:** Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows: Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8: End of treatment: 1 mg twice daily. The patient should set a date to stop smoking. Dosing should start 1-2 weeks before this date. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered. Following the end of treatment, dose tapering may be considered in patients with a high risk of relapse. **Patients with renal insufficiency:** *Mild to moderate renal impairment:* No dosage adjustment is necessary. *Patients with moderate renal impairment who experience intolerable adverse events:* Dosing may be reduced to 1 mg once daily. *Severe renal impairment:* 1 mg once daily is recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. *Patients with end stage renal disease:* Treatment is not recommended. **Patients with hepatic impairment and elderly patients:** No dosage adjustment is necessary. **Paediatric patients:** Not recommended in patients below the age of 18 years. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** *Effect of smoking cessation:* Stopping smoking may alter the pharmacokinetics or pharmacodynamics of some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Depression, suicidal ideation and behaviour and suicide attempts have been reported in patients attempting to quit smoking with Champix in the post-marketing experience. Not all patients had stopped smoking at the time of onset of symptoms and not all patients had known pre-existing psychiatric illness. Champix should be discontinued immediately if agitation, depressed mood or changes in behaviour that are of concern for the doctor, the patient, family or caregivers are observed, or if the patient develops suicidal ideation or suicidal behaviour. Depressed mood, rarely including suicidal ideation and suicide attempt, may be a symptom of nicotine withdrawal. In addition, smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness (e.g. depression). The safety and efficacy of Champix in patients with serious psychiatric illness has not been established. There is no clinical experience with Champix in patients with epilepsy. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered. **Pregnancy and lactation:** Champix should not be used during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breast feeding mothers when the benefit outweighs the risk. **Driving and operating machinery:** Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness and somnolence and therefore may influence the ability to drive and use machines. Patients are advised not to drive, operate complex machinery or engage in other potentially hazardous activities until it is known whether this medicinal product affects their ability to perform these activities. **Side-Effects:** Adverse reactions during clinical trials were usually mild to moderate. Most commonly reported side-effects were abnormal dreams, insomnia, headache and nausea. Commonly reported side-effects were increased appetite, somnolence, dizziness, dysgeusia, vomiting, constipation, diarrhoea, abdominal distension, stomach discomfort, dyspepsia, flatulence, dry mouth and fatigue. See SmPC for other less commonly reported side-effects. **Overdose:** Standard supportive measures to be adopted as required. Varenicline has been shown to be dialyzed in patients with end stage renal disease, however, there is no experience in dialysis following overdose. **Legal category:** POM **Basic NHS cost:** Pack of 28 11 x 0.5 mg and 14 x 1 mg tablets Card (EU/1/06/360/003) £27.30, Pack of 28 1 mg tablets Card (EU/1/06/360/004) £27.30, Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60, Pack of 56 1 mg tablets HDPE Bottle (EU/1/06/360/002) £54.60, Pack of 56 1 mg tablets Card (EU/1/06/360/005) £54.60. Not all pack sizes may be marketed / marketed at launch. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. **Further information on request:** Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey, KT20 7NS. Last revised: 08/2008.

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Pfizer Medical Information on 01304 616161.

For further information, please contact Pfizer Medical Information on 01304 616161 or email medinfo.uk@pfizer.com

References: 1. CHAMPIX Summary of Product Characteristics. August 2008. 2. West R and Shiffman S, Fast Facts. Smoking cessation. Indispensable guides to clinical practice. 2004, Oxford: Health Press. 3. Gonzales D *et al.* Varenicline, an α4β2 nicotinic acetylcholine receptor partial agonist, vs sustained-release bupropion and placebo for smoking cessation. A randomized controlled trial. JAMA 2006; 296: 47–55. 4. Coe JW *et al.* Efficacy of varenicline, an α4β2 nicotinic acetylcholine receptor partial agonist, vs placebo or sustained-release bupropion for smoking cessation. A randomized controlled trial. JAMA 2006; 296: 56–63. 5. Coe JW *et al.* Varenicline: An α4β2 nicotinic receptor partial agonist for smoking cessation. J Med Chem 2005; 48:3474-3477

CHAMPIX varenicline tartrate

Pfizer Date of preparation: October 2008. CHA640a

Dispensary
TALK

Should the Pill be available as a P medicine?

"Yes, but obviously you'd have to have all the suitable controls on it and only the pharmacist should be able to sell it."
Rosemary Blackie, Wicker Pharmacy, Sheffield

"It's a difficult one. Presumably they would have to pay for it if it wasn't on prescription. I work in a health centre so they just pop next door if they need a prescription. But I remember working in town centre pharmacies and I can imagine there being some demand for it."

David Capstick, Shepley Pharmacy, Huddersfield

WEB VERDICT:

Yes 62%
No 38%

Armchair view: Poll voters seem convinced of the case for making the Pill widely available through pharmacies. Health ministers seem favourable too, so let's see what 2009 brings. **Next week's question:** What one thing would you change in pharmacy in 2009? Vote at: **www.chemistanddruggist.co.uk**

No misconduct charge following baby's death

'No prospect' of finding against two pharmacists, says RPSGB

A mother who blamed two pharmacists for the death of her five-month-old baby has failed to force disciplinary action against them.

A High Court judge ruled last week the RPSGB was right not to launch proceedings against two pharmacists, including one who worked at a Tesco store.

Sadhana Chaudhari, from Ilford, Essex, claimed the community pharmacist had dispensed an excessive dose that killed her daughter Sunaina in October 2000.

A post-mortem attributed Sunaina's death to a genetic disorder causing lung problems.

Mr Justice Blair said there was no known cure for the Trisomy 18 condition Sunaina carried and most infants who suffered from the condition died within a year of birth.

Mrs Chaudhari claimed the Tesco-based pharmacist had failed to spot an excessive dose in a prescription for stomach acid relief drug ranitidine.

This resulted in her daughter being given an adult dose of the drug, she said.

Mrs Chaudhari claimed a hospital pharmacist then also supplied further "overdoses" between October 1 and October 5, 2000.

When Mrs Chaudhari demanded the RPSGB take action against the individuals she was told there was not "any prospect" of misconduct findings.

The Society also said it would be impossible to determine which Tesco pharmacist had made up the prescription.

The judge said he could detect no legal flaw in the Society's decision not to take action and dismissed the case. **Strand News**

The Pill without prescription: the reaction. See page 10

McCreedy goes in NPA shake-up

NPA chief pharmacist Colette McCreedy has been made redundant as part of a shake-up of the organisation's executive team.

Ms McCreedy, who temporarily headed the association in 2007, will leave the NPA by the end of the year, C+D understands. No other redundancies are planned, the NPA said.

The move comes as part of NPA plans to reorganise into three divisions: external affairs, membership services and insurance. These will be headed by David Coorey (membership services), Paul Coleman (insurance) and John Turk (external affairs).

Colette McCreedy: gone in restructure

The revised structure will help the NPA to better meet its core roles of representation, support and protection, the organisation said.

John Turk, NPA chief executive, said: "This revised structure will help us to focus more precisely on our principal objectives and enable us to deliver improved services to our members more rapidly." **MG**

Industry leaders to get audience with MPs

Frontbench health MPs will meet with pharmacy chiefs at a series of Westminster meetings organised by the all-party pharmacy group (APPG) for 2009.

The meetings aim to help the industry push for a more prominent role in health policy, the APPG said.

Pharmacy minister Phil Hope, shadow health secretary Andrew Lansley and Liberal Democrat health secretary Norman Lamb have agreed to take part.

The PSNC, NPA, RPSGB and CCA will carry the flag for pharmacy at the private Westminster sessions.

Dr Howard Stoate, APPG chair, said: "These meetings are vital in increasing dialogue between pharmacy and policy makers, and in promoting the value of pharmacy in delivering key policy objectives."

The APPG initiative follows C+D's Building Bridges campaign which has set up more than 40 visits between MPs and grassroots pharmacists. **MG**

I know some pharmacists who think Transcom is a gas company

A UniChem convention delegate reveals a worrying lack of awareness about the group steering the formation of a new professional body (October 25)

> "We are witnessing the usual train crash. The finest minds are at work to discover the worst way of dealing with the price"
> **BAPW chairman Ian Brownlee, on the renegotiation of the PPRS (November 1)**

This was the year that...

Turn to page 26 for our end-of-year review

Immaculate conception?

A pilot scheme will make the Pill available without a prescription from selected south London pharmacies. **Kathy Oxtoby** and **Emma Wilkinson** gauge the reaction of the locals

As many of them learnt from the newspaper last week, pharmacists in south London are likely to be the first in the country to provide the Pill without a prescription.

Pilots of the scheme due to start next summer in Lambeth, Southwark and Lewisham – areas with some of the worst teenage pregnancy rates in the country – will pave the way for the Pill effectively being available over the counter.

A lack of detail about their exact role in the scheme has not stopped most pharmacists in the area enthusing about the plans. "It's a good idea – GPs will definitely be keen as well," says Sadima Sowbah, a pharmacist at Cheltenham Chemist in Lewisham.

Jay Shah, of Lewis Grove Pharmacy, Lewisham, predicts improving relations between pharmacists and patients as a result of the initiative. It's unlikely to go unrecognised by the public that the profession is now trusted to supply the Pill without deference to the local doctor, she says, and public confidence in pharmacy could be set to soar.

But the real measure of success will be whether extending access to the Pill will reduce teenage pregnancy rates. The likely trailblazers of the pilot appear confident. Bhaveen Patel, of the Junction Pharmacy in Lambeth, believes the proposed pilots "will cut down on teenage pregnancies". Pharmacies have the advantage of being highly accessible and more informal than GP surgeries. Such assets could score highly among a target audience of teenage girls likely to want both discretion and convenience.

However, not everyone is keen for pharmacists to take on the extra work. Zinad Abedin, of Orbis Pharmacy, Lambeth, stresses that supply of the Pill would be better left to the GP practice. She says: "This service might alleviate pressure on doctors and nurses, but it's putting a bit more pressure on pharmacists." She also raises concerns over how such a service will work practically in a small community pharmacy such as hers, with few staff.

Dillip Patel, from Sheel Pharmacy in Lewisham, shares Ms Abedin's fears over resources. Businesses are already running at full tilt, with rising dispensing volumes and MUR quotas. He stresses: "If it went ahead, it would have to be done in a way we could offer a service that was valued and done professionally."

Backing the pilot with support and training for pharmacists will be pivotal, says Ash Soni, vice-chairman of Lambeth, Southwark and Lewisham LPC. He says: "They need greater help with the dispensing process and they need more support."

That support could come most effectively in the form of extra staff, says Mr Soni. "Better qualified staff are needed but that has a cost attached to it and that has to be recognised in the NHS." He warns that not every pharmacy will want to or have the right skill mix to deliver the service, so it has to be the pharmacist's choice.

How PCTs will decide which pharmacies take part in the pilot is unclear at this stage. Nick Fairclough, a spokesman for Lambeth PCT, says the scheme is still in its planning stage but the pilot project will feature "a small number" of pharmacists. The PCT is working with King's College London to deliver the right training, he reveals: "We will make sure the programme is accredited and is part of the process by which governance arrangements and safeguards are identified and managed correctly."

Critics say that easier access to the Pill may reduce the use of other forms of contraception and even increase the risk of sexually transmitted infections. But Mr Fairclough says these issues will be addressed as part of the pilot.

PCTs in Southwark, Lewisham and Lambeth appear coy on offering intimate details of the Pill pilot just yet, but when they are ready, local pharmacists will be listening closely before making their minds up whether the scheme will be a bold step forward for the sector or just an additional stress.

The GP view

Professor Steve Field, chairman of the Royal College of General Practitioners, says his profession would be more comfortable with the GP initiating the use of the Pill and the pharmacist issuing repeat prescriptions.

"It is more complex than just handing out a sugar pill. You need to take a good medical history of blood clots and migraine, which is not always straightforward. There are complex decisions to be made about which brand of Pill to use as some carry a greater risk of blood clots."

The patient view

A female patient living in South London who asked not to be named says the proposals were "great" and it was "ridiculous" she has to take time off work to see the doctor every time she needs a repeat prescription.

"I'm fit and healthy and I don't see why I should be subjected to taking two hours off work when there's nothing wrong with me.

"I would be completely willing to pay for the contraception [from a pharmacy] just so I don't have the hassle of running out."

10 Years of Healthy OBSESSION

10 years' experience of 30 million treatments in obese and overweight patients, including those with risk factors such as type 2 diabetes.[1] 10 years with a proven track record of efficacy[2-5] and tolerability.[6] 10 years of dedication to helping you change lives.

Adverse events should be reported.
Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Roche Products Limited.
Please contact Roche Drug Safety Centre on: 01707 367554

Roche

PRESCRIBING INFORMATION. XENICAL (orlistat). Indications: XENICAL is indicated in conjunction with a mildly hypocaloric diet for the treatment of obese patients with a BMI ≥30 kg/m^2, or BMI ≥28 kg/m^2 with associated risk factors. Treatment should be discontinued after 12 weeks if patients have been unable to lose ≥5% of their body weight. **Dosage and administration:** One capsule immediately before, during or up to one hour after meals (only 30% of calorie intake from fat). **Contra-indications:** Chronic malabsorption syndrome, cholestasis, breast-feeding, known hypersensitivity to any component of the product. **Precautions:** Monitor anti-diabetic drug treatment. Co-administration of orlistat with ciclosporin is not recommended. Treatment may potentially impair the absorption of fat-soluble vitamins (A, D, E, and K), patients should be advised to have a diet rich in fruit and vegetables. The possibility of experiencing gastrointestinal events may increase when orlistat is taken with a diet high in fat. Caution should be exercised when prescribing to pregnant women. Studies have shown no interaction between orlistat and oral contraceptives, however an additional contraceptive method is recommended to prevent possible failure of oral contraception that could occur in case of severe diarrhoea. Rare cases of rectal bleeding, generally of mild intensity have been reported and prescribers should investigate further if symptoms are severe or persistent. **Drug Interactions:** A decrease in ciclosporin levels has been observed in an interaction study. Co-administration with acarbose should be avoided. INR values should be monitored if patient is on warfarin or other anticoagulants. Reinforcement of clinical and ECG monitoring is warranted if patient is on amiodarone. **Side-effects:** Please consult the Summary of Product Characteristics for full details of adverse events. **Common:** Influenza, anxiety, headache, respiratory infection, urinary tract infection, menstrual irregularity, fatigue and gastrointestinal such as oily spotting, abdominal pain, increased defecation and flatulence. Treatment adverse events in type 2 diabetics included hypoglycaemia and abdominal distension. The incidence of adverse events decreased with prolonged use of orlistat. **Serious:** Very rare cases of increases in liver transaminases and alkaline phosphatase and also cases of hepatitis. Very rare cases of bullous eruptions, diverticulitis and cholelithiasis. Rare hypersensitivity reactions of angioedema, bronchospasm and anaphylaxis. **Legal Category:** POM. **Presentation and Basic NHS Cost:** Xenical 120mg (84 capsules) £33.58. **Marketing Authorisation Number:** EU/1/98/071/003 (84 capsule blister pack). **Marketing Authorisation Holder:** Roche Registration Limited, 6 Falcon Way, Shire Park, Welwyn Garden City, AL7 1TW, UK. Further information is available on request. Xenical is a registered trade mark. **Date of preparation:** July 2008.

References: 1. Data on file, Xeni 1008. **2.** Torgerson JS et al. Diabetes Care 2004; 27: 155-161. **3.** Hollander PA et al. Diabetes Care 1998; 21: 1288-1294. **4.** Hauptman J et al. Arch Fam Med 2000; 9: 160-167. **5.** Rossner S et al. Obes Res 2000; 8: 49-61. **6.** Xenical Summary of Product Characteristics, June 2008.

XENICAL
orlistat 120mg

Block fat and help change their future

XENI00010g November 2008.

Cheer up, it's Christmas!

The latest RPSGB workforce survey reveals community pharmacists are more fed up than their colleagues in other areas of the profession. This is hardly surprising in a branch of the profession where disenchantment comes with the territory, but I wonder whether we're more fed up than usual or it's simply an habitual state of mind.

There are, after all, plenty of reasons to be cheerful as we near the end of 2008, apart from the normal festive cheer. Last week's C+D provided a hat full of positive news to look forward to next year.

OK, so ignoring further delays to EPS, claims the new professional body will be undemocratic, and delayed payment of resubmitted prescriptions, there is still good news. Every job has its niggles and difficulties, and while pharmacists love to moan about bad news we should be able to get over it and concentrate on the positives.

If only we could, we might all spend our working days grinning like Cheshire cats. Patients would suspect we'd been helping ourselves to the happy pills.

The array of medicines being considered for Pharmacy supply is staggering. Anyone who suggested that we would be supplying the Pill or tamsulosin OTC just 10 years ago would have been laughed out of their branch meeting. These are opportunities for clinical practice that should have us jumping for joy.

Next year will see pharmacies taking part in a national vascular risk assessment service (in theory, at least). How good is that? Reasons for leaving the profession cited in the workforce survey included lack of money, which is fair enough, but anybody who claims their work lacks variety and they get little recognition will soon only have themselves to blame.

I suspect the real reason, if there is one, community pharmacists feel hard done by, is the incredible increase in workload over the past 10 years. Script volumes rose by 5 per cent last year, and 54 per cent over the decade. To carry out all that additional work on its own is quite a feat, but to do so while dealing with a similar increase in paperwork, and attempting to deliver a range of completely new services, is virtually impossible.

Our colleagues in hospital and other branches of the profession are performing similar amazing advancements in practice, but they have the time to do so. Our business model means that we will always be trying to do too much with too few resources.

Lots more P medicines and a vascular risk assessment services are wonderful ideas in theory, but without radical changes to the way pharmacy operates, they're more likely to give me a coronary than a Cheshire cat grin.

Happy Christmas!

The D'Arcy angle — John D'Arcy

No pain, no gain for pharmacy?

Another year draws to a close and with it comes the opportunity to reflect on a particularly challenging year for pharmacy.

The impact of swingeing category M cuts, changes to the supply chain, the painfully slow implementation of the electronic transmission of prescriptions initiative and the reconfiguration of the Society as a professional body have been among the issues associated with much debate and discussion through the year.

So too has been the ongoing debate around the future of pharmacy. In their respective ways, the pharmacy contracts signal a shift in emphasis toward a service-led, clinical role for pharmacy. The recently published white paper in England provides yet more proof of the direction of travel and further underscores the commitment of government to making use of pharmacy as a means of solving healthcare capacity issues.

All agree that the white paper sets out a sensible agenda for the way forward for pharmacy. The job now is to get on with making the aims and objectives contained within it a reality. But there are a number of major hurdles to be crossed first.

For a start, it goes without saying that sufficient resource needs to be made available to allow pharmacists to deliver the service. While the direction of travel is very clear, the route for getting there is less so. It is essential the right incentives are included within the contract moving forward to encourage the transition to a clinical role.

It matters not how professionally competent or clinically focused we are, services will only be delivered if they are supported by a sustainable and profitable business model. Further, we need to find some way of managing the existing workload – the day job keeps us operating flat out. The dispensing of prescriptions – which the white paper quite properly reminds us is an important part of pharmacy's current and future role – grows at 5 per cent year. Keeping the service timely and safe is pretty much a full time job and so makes difficult the investment required to plan, manage and deliver the clinical role.

The solution to this conundrum lies in making better and full use of the pharmacy team. It will also require some 'letting go' by pharmacists, which lies at the root of the current debates on the responsible pharmacist and the reform of the supervisory framework.

There is no doubt that 2009 will be a challenging year. As we move into the new year it is essential that we do not lose any of the momentum so far gained. Our professional future depends upon it.

John D'Arcy is interim managing director of Numark

THE MOTHER (AND FATHER) OF ALL POM-TO-P SWITCHES.

It is now possible to treat people with confirmed chlamydia and their sexual partners without a prescription. Chlamydia is the most common sexually transmitted infection. People generally don't know they have it, but left untreated chlamydia poses a serious threat to fertility. Now you can offer potential mothers and fathers the reassurance of a diagnostic test and - *for the first time without prescription* - an oral antibiotic to clear the infection.

It's called the Clamelle chlamydia service, a significant public health initiative made possible by the POM-to-P switch of azithromycin. To take part you will need to register with the NPA, complete your Clamelle training and order Clamelle. Then you'll be ready to help your customers on their way to parenthood.

To register with the NPA, contact 01727 800 401.

Clamelle®
Azithromycin 500mg Tablets

The first OTC oral antibiotic is here to treat chlamydia.

Clinical Alerts

MHRA Alerts

Class 2 alert: Tensipine MR 10mg tablets (nifedipine) Genus has informed the MHRA that a very small number of blisters containing Tensipine MR 10mg from batch 28003 have inadvertently been packed in 20mg cartons. All affected 20mg cartons bear the same batch number, 28003.

Cartons embossed with the batch number 28003 should be quarantined and returned via the original supplier for credit.

Cartons of Tensipine MR 10mg with the same number (28003) are not included in this recall. Contact Genus Pharmaceuticals, 01635 568400.

Class 4 alert Gonal-F 900 IU/1.5ml solution for injection in a pre-filled pen There is an error in the title of the package leaflets for some batches of Gonal-F 900 IU/1.5ml solution for injection in pre-filled pens. The actual concentration of Gonal-F in the pre-filled pen device is 900 IU/1.5ml and this is correctly stated on the label of the pen injection device and the external packaging, and in the body of the text of the package leaflet in section 6 – however, the title of the package leaflet indicates a concentration of 900 IU/0.5ml. Affected batches are Y10B0063, Y10B2052, Y10B4293, Y10B7228, Y10B8889, Y11B2580 and Y11B3841.
http://tinyurl.com/6f7e4h

SPC Changes

Raptiva 100 mg/ml powder and solvent for solution for injection (efalizumab) New information relating to infections and progressive multifocal leukoencephalopathy. Merck Serono, 0208 818 7373, medinfo.uk@merckserono.net

Oily phenol injection BP (phenol) Product should not be used over large areas as this may give rise to toxic symptoms. UCB Pharma, 01753 447690, medicalinformationuk @ucb-group.com

Cafergot tablets (caffeine, ergotamine tartrate) New information on side effects including nausea, vomiting and signs and symptoms of vasoconstriction. Alliance Pharmaceuticals, 01249 466966, medinfo@alliancepharma.co.uk

http://emc.medicines.org.uk

Test to prevent trial disasters

Technique could prevent another Northwick Park

Gavin Atkin

Pharmacologist researchers investigating the 2006 Northwick Park disaster say they have identified an in vitro test technique that should prevent similar disasters from occurring with immunotherapy drugs in future.

The group, which is based at the National Institute for Biological Standards and Control (NIBSC), says that it has reproduced the devastating reaction suffered by the six Northwick Park volunteers using human cells.

The volunteers suffered a severe response to an experimental immunotherapy treatment and had to be hospitalised.

The NIBSC group has shown that having a mixed human cell culture of white blood cells and endothelial cells – the cells that line blood vessels – is a much better indicator of how this type of drug will react than earlier tests.

The reasons for the strong reaction seen in the Northwick Park incident remain obscure however, and research into why the drug had such an adverse effect in the clinic but not in pre-clinical testing is described as "ongoing".

The experimental drug belongs to a class of drugs that were developed for the treatment of autoimmune diseases such as rheumatoid arthritis and multiple sclerosis.
http://tinyurl.com/6pf3c2

Clinical Briefs

Influenza season 2008-09

The most recent surveillance data indicates people presenting with an influenza-like illness are likely to be infected with influenza virus. Antiviral drugs are recommended for prevention or treatment.
http://tinyurl.com/642ypp

No 50mcg inhaler

A new 100mcg CFC-free Pulmicort pMDI inhaler is being offered by AstraZeneca as an alternative to the LS 50mcg metered dose inhaler, which will be withdrawn at end of the year.
Tel: 01582 836836

Winter vomiting call

Health Protection Agency officials are calling for precautions to prevent norovirus spread. The HPA recommends thorough hand-washing after using the toilet and before preparing food, disinfecting contaminated surfaces, and those affected should not prepare food for 48 hours after symptoms end.
http://tinyurl.com/69ensf

A Practical Approach — Script charge queries

Yetunde, trainee dispensing technician at the Update Pharmacy, is on prescription reception.* It is proving to be a testing morning.

She takes in a prescription for 'Elastic stockings, class 1, below knee. Two pairs'. The patient is not exempt from paying prescription charges so Yetunde charges her £7.10 and takes the prescription through to the dispensary. When senior dispensing technician Brenda sees the charge, she says: "I'm sorry, but you'll have to get the rest of the money off the patient."

"The rest of the money? But it's just one item," protests Yetunde.

A little later a patient brings in a script for 'Lymphoedema stockings, class 1, below knee. Two pairs'. Remembering the earlier script, Yetunde asks the patient for the amount that the former patient had ultimately paid. The second patient protests: "But it's just one item. You go and check with your dispenser." Yetunde does so, and Brenda confirms that the patient is correct.

Then a patient brings in a script reading '24 x 250ml Ensure'.

"I'll have six of each of coffee, nut, vanilla and chocolate flavours, please," says the patient, who is not exempt from prescription charges. Confused after her earlier experiences that morning, Yetunde

asks the person to wait for a moment and takes the script through to Brenda.

"How much do I take for this one?" she asks.

Brenda replies, "I'll tell you in moment. But I think we'll need to return this to the prescriber for amendment."

*Update Pharmacy is in England.

Questions

1. Assuming that all Brenda's comments are correct, what is their significance?

Answers

• Elastic stockings: Elastic hosiery items attract a single professional fee regardless of the number of items ordered, but each garment attracts a prescription charge. So, on this script the patient has to pay four charges.

• Lymphoedema garments (often prescribed as 'stockings' if for use on the legs) are listed as Appliances in Part IXA of the Drug Tariff, and attract a single prescription charge regardless of the number of garments ordered.

• Ensure is a 'borderline substance' and the prescription should be endorsed 'ACBS' by the prescriber. Also, unless the prescriber specifies the flavours to be supplied, the pharmacy will receive only one professional fee for the prescription. If the pharmacy endorses the prescription with the flavours supplied, there will still be only one fee. If the prescriber specifies four flavours then four fees will be paid. The patient pays only one charge regardless of the number of flavours supplied.

This article can help in the following CPD competencies: **G1j, C5a, C6a.**
See http://tinyurl.com/68ox7b

Double strength* Canesten 2% thrush cream for him can help prevent thrush re-infection for her

Women know they can find rapid relief and resolution from thrush using Canesten. But there's one more thing that you can do for them. Recommend double strength Canesten 2% thrush cream for their male partners. An effective way to help stop her thrush coming back.

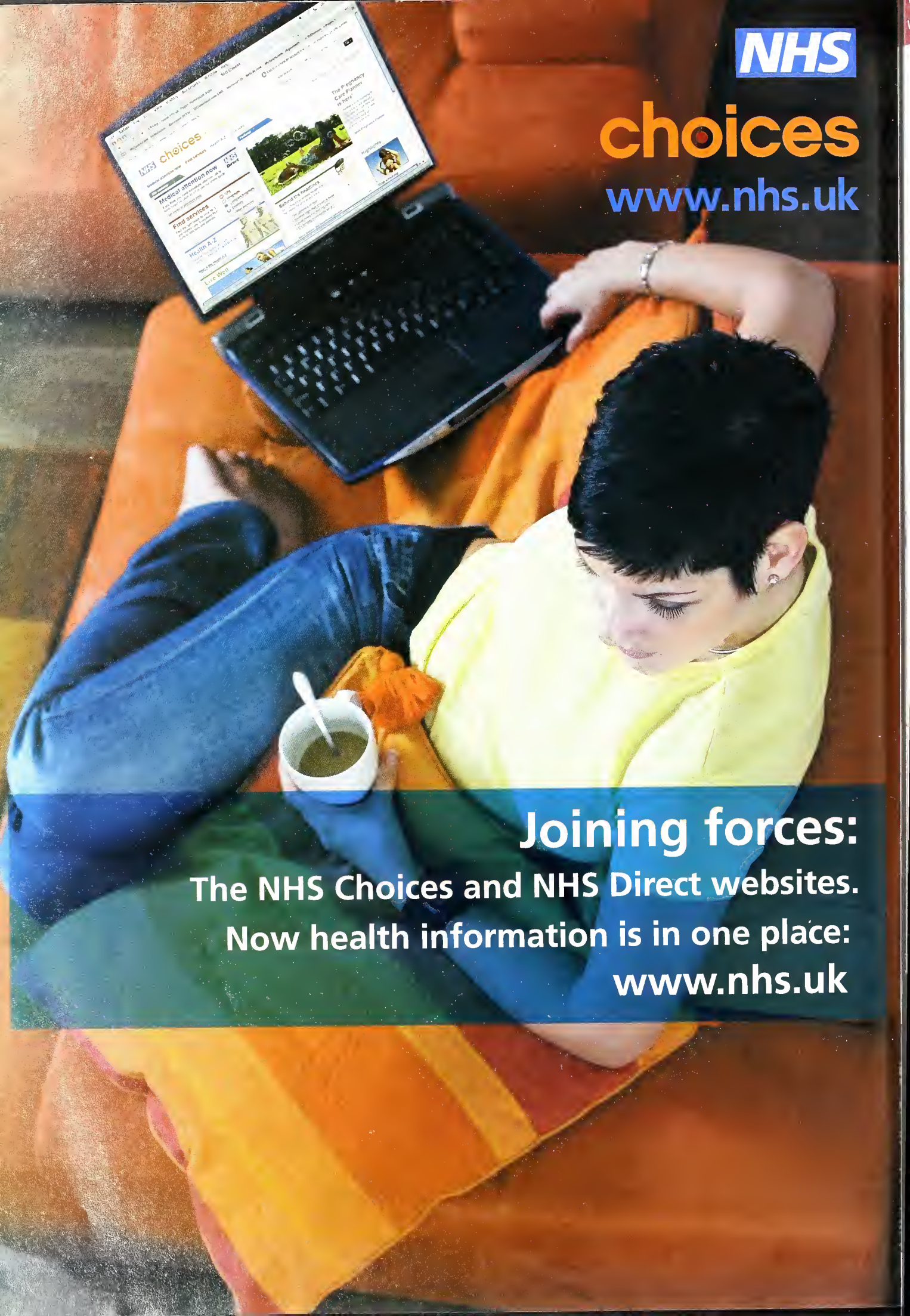
Canesten®
Thrush Cream
Clotrimazole 2% w/w

Product Information for Canesten® Thrush Cream Presentation: [illegible] 2% w/w. **Indications:** Treatment of candidal vulvitis. It should be used [illegible] it can also be used for treatment of the sexual partner's penis to prevent re-[illegible] **Dosage and Administration:** ***Adults (16 – 60 years):*** Apply to the vulva and surrounding area two or three times daily until relief. Treatment should be continued until symptoms of the infection disappear. If after [illegible] treatment of the sexual partner's penis it should be applied twice [illegible] ***Children:*** [illegible] usage is not recommended (in under 16s). **Contra-indications:** Hypersensitivity, [illegible] in the product. **Warnings and Precautions:** Medical advice should be sought if [illegible] patient has experienced symptoms of candidal vaginitis [illegible] than two infections of candidal vaginitis in the last six months [illegible] with a sexually transmitted disease, pregnancy or suspected pregnancy [illegible] Side-effects: [illegible] Use in pregnancy: [illegible] MA Holder: [illegible] Date of Preparation: [illegible] RRP [illegible] MA Number [illegible] Legal Category [illegible]

BAYER

* Compared to Canesten® 1% Thrush Cream
Item code: CGY108 Date of preparation: November 2006

Canesten®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C+D Clinical

The management of gout

Christmas can be a bad time for gout sufferers. Read about its symptoms and how you can help

60-second summary

- **What causes urates to increase and then crystallise in some people?**
Urate arises from metabolising purines produced by the body, and in foods and alcoholic drinks. In most people with gout the kidneys' ability to get rid of excess uric acid is reduced, and this may have several causes, such as disease, genetic factors or drug treatments. Less commonly, it is caused by over-production of uric acid. Age 40 to 60, obesity and too much alcohol are risk factors.
- **How is it treated and which drugs should be avoided?**
Full doses of NSAIDs are given at the start of an acute attack, with allopurinol long term to reduce urate levels. Aspirin, loop and thiazide diuretics, cytotoxics, ethambutol, pyrazinamide, nicotinic acid, ciclosporin and tacrolimus can increase urate levels.
- **How can patients help themselves?**
Stick to a low purine diet, eat cherries, ensure an adequate fluid intake but avoid sugary soft drinks and alcoholic binges, lose excess weight and exercise without stressing the joints.

Miranda Griffin

Gout is a well-known condition, yet is widely misunderstood. Despite its sometimes comical image it is often described by those affected as the worst pain they have ever experienced. Fortunately there are effective treatments both for relieving symptoms in the acute phase and for reducing recurrence.

Gout is a form of arthritis that most frequently affects men between 40 and 60. Roughly five times as many men are affected

The College of Pharmacy Practice

This course (module 1458), in association with multiple choice questions being published in C+D January 10, provides one hour's continuing education

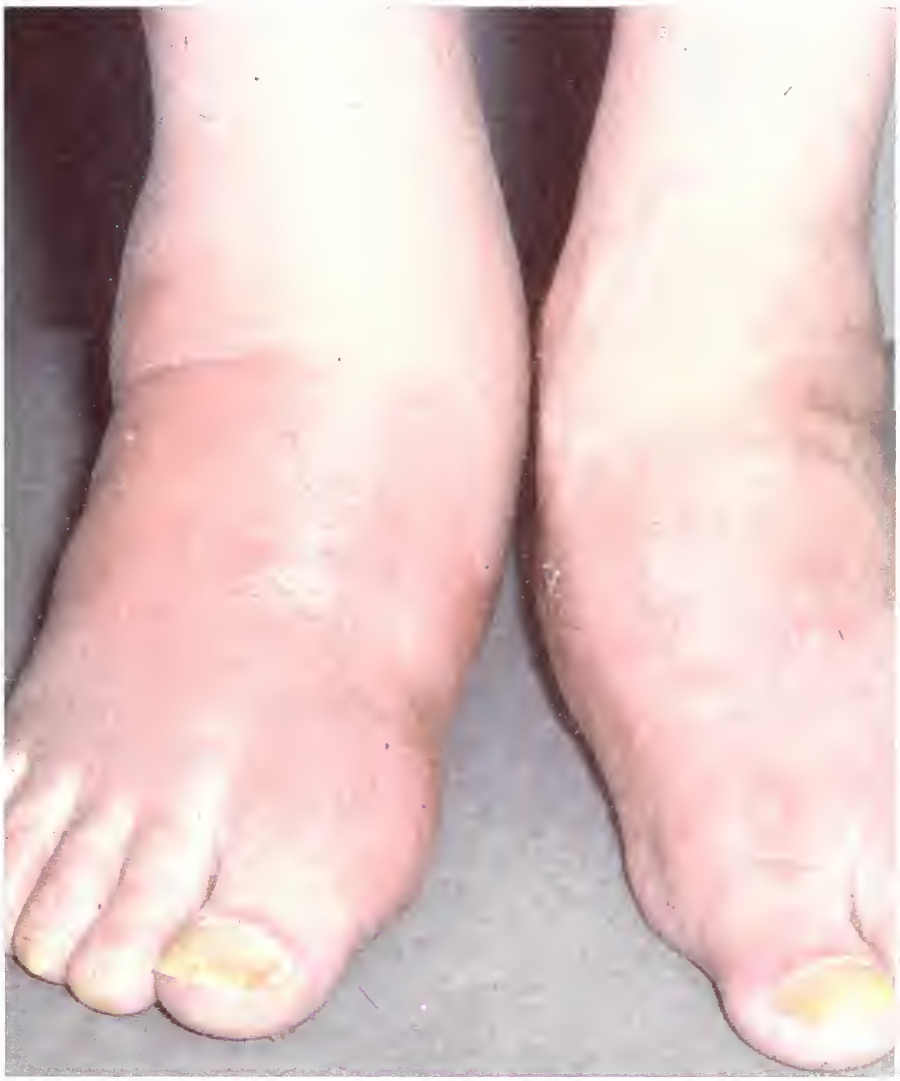
Reflect

Which foods contain purines and why should people with gout avoid them? What lifestyle changes can a patient make to reduce the risks of gout? What are the alternatives to NSAIDs for treating acute gout? What are tophi?

Plan

This article covers the symptoms and causes of gout. It explains who is at risk and what can be done to reduce those risks, the tests, treatments and lifestyle changes, and the role of the pharmacist.

CPD This article can help in the following CPD competencies: **G1a, G1c, G1d, G1q, C1a, C1b**. See http://tinyurl.com/68ox7b



as women, in whom it is rarely seen before the menopause. It affects about 1.5 per cent of the UK population but numbers have been rising over the last few decades.

Types of gout

There are two types of gout – primary and secondary. Primary gout is the most common, usually seen in 40 to 60-year-old men. The cause is usually unknown, though in about one-fifth of cases there is a family history.

Secondary gout is due to an underlying cause – medications, such as diuretics, or health conditions such as heart disease, blood disorders or renal dysfunction. It is usually seen in older patients and affects women as much as men.

Causes

Gout is the result of crystals of sodium urate building up in tissue because of increased levels of uric acid (urate) in the blood (hyperuricaemia). Urate is produced from the metabolism of purines that occur naturally in the body and are also found in some food and alcohol. Usually the body can rid itself of excess uric acid via the kidneys but in most people with gout the kidneys' ability to do this is reduced. Less commonly, chronic hyperuricaemia may be caused by overproduction of uric acid.

Increased levels of urate can lead to the deposition of fine, needle-shaped urate crystals in joints and other tissues, most commonly the base of the big toe, although it can also occur in other joints such as the knee, wrist or elbow. Sometimes more than one can be affected. This causes painful inflammation in the joint.

The body's inability to rid itself of excess uric acid can have several different causes:

- A genetic tendency of the kidneys to retain more urate than average.
- Kidney disease may mean the kidneys are less able to process the urate properly.
- Blood disorders may mean a higher than usual number of blood cells are being broken down, releasing more urate than the kidneys can cope with.
- Diuretics may increase urate levels beyond the point at which the kidneys can cope.
- People with diabetes or heart disease may have higher levels of urate.
- In someone under 30, onset of gout suggests kidney disease or enzymatic disorders.

Risk factors

Sex Men naturally have higher blood urate levels.
Weight Obese people are at higher risk.
Family In around 20 per cent of cases there is a family history.
Race Certain races have high urate levels, making them more susceptible.
Diet A diet high in purine-rich food and alcohol can raise urate levels (see box 1).
Medicines Medicines that can affect urate levels include aspirin, ciclosporin, cytotoxic drugs, diuretics (thiazide and loop), ethambutol, nicotinic acid, pyrazinamide and tacrolimus.

Box 1: Foods to avoid

Purine-rich foods include: offal, veal; oily fish, seafood including mussels and scallops, fish roes; red meat; turkey; certain vegetables including spinach and asparagus; some beans and pulses (including lentils and kidney beans); some alcohol including fortified wine, beer, spirits; and yeast products, such as Marmite. 'Binge drinking' of any type of alcohol should be avoided.

Box 2: Co-morbidities

Medical conditions associated with increased risk of gout:

- cardiovascular disease
- hypertension
- renal impairment
- diabetes mellitus
- myeloproliferative disease
- hyperlipidaemia
- psoriasis
- vascular disease
- enzymatic disorders
- metabolic syndrome

Symptoms

The main symptom of gout is acute and intense pain, which can develop over a few hours and usually starts in the night. Even the weight of bedclothes on the affected joint can be unbearable. Other symptoms include:

- inflammation
- swelling
- redness, warmth and shininess over the affected joint – usually the big toe
- tiredness, lack of appetite and mild fever.

The pain usually lasts for three to 10 days, after which it normally disappears completely.

Rapid treatment can reduce the frequency of further attacks. These can occur at anything from a few weeks to years. Although some people only ever experience one attack, 62 per cent will have a further attack within a year. Injuring a joint may precipitate an attack, as may illness, surgery or exhaustion.

Tests

Because there is no simple test to confirm it, gout is usually diagnosed by history and examination. Further investigations may help confirm the diagnosis or rule out other possibilities.
Joint fluid microscopy Gout can be confirmed by the presence of urate crystals in synovial fluid taken from the affected joint. This is only indicated if the diagnosis is in doubt or to rule out infection as a cause of the symptoms, as in septic arthritis.
A serum uric acid test is usually carried out four to six weeks after an attack. This blood test will confirm hyperuricaemia (usually defined as serum uric acid above 420micromol/L for men and 360 micromol/L for premenopausal women). This does not necessarily confirm gout, as high levels of uric acid can be found in people without gout symptoms, but it will strongly support the diagnosis. Similarly, gout can be present without high levels of urate in the blood.
X-rays are unhelpful in confirming a diagnosis of gout as they usually appear normal in early attacks. However, they can be useful to exclude other conditions such as chondrocalcinosis.
Blood tests related to other conditions may be carried out, such as renal function, fasting blood glucose and cholesterol levels.

Differential diagnosis

The most important differential diagnosis is septic arthritis. Others include:

- non-urate crystal-induced arthropathy
- osteoarthritis
- psoriatic arthritis
- reactive arthritis
- rheumatoid arthritis
- seronegative spondyloarthropathy
- haemochromatosis.

Treatment

Acute attacks Full doses of NSAIDs are usually given to relieve pain and reduce inflammation. Aspirin is contraindicated as it can increase urate levels, though if prescribed for other reasons it should continue to be taken.

If NSAIDs are contraindicated, not tolerated or have been ineffective in previous attacks, oral colchicine may be prescribed (see table 1 online at www.chemistanddruggist.co.uk/update).

Keeping the affected joint cool, eg by applying ice, can help, as can keeping it elevated and drinking plenty of fluids to avoid becoming dehydrated.
Long-term management Apart from identifying and treating any causes of high blood uric acid, drug treatments such as allopurinol may be prescribed to lower urate levels in the blood, although it can cause a gout atttack when first started (see table 1 online). There is a lot patients can do to reduce the frequency of further attacks by making lifestyle changes.

Lifestyle changes

Weight: reducing excess weight is important as urate levels are often high in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Introducing New Panadol Advance 500mg tablets, specially formulated with Optizorb® to disperse in the stomach up to 5 times faster than ordinary paracetamol.[1] Recommend it to customers so they can begin their countdown to effective pain relief.
Product Information. Panadol Advance 500 mg Tablets. Contains disintegrant system to accelerate dissolution. Uses: Mild analgesic and antipyretic. Dosage and administration: Adults and children, 12 years and over: Two tablets at ≥ 4 hour intervals. Max. 8 tablets in 24 hours. Children 6-12 years: Half to one tablet at ≥ 4 hour intervals. Max. 4 tablets in 24 hours. Do not use for > 3 days without doctors advice. Children under 6 years: Not recommended. Contraindications: Hypersensitivity. Precautions: Severe renal/hepatic impairment, non-cirrhotic alcoholic liver disease. Concomitant use of warfarin/other coumarin anticoagulants, domperidone, metoclopramide, colestyramine. Refer to doctor if persistent headache or non-serious arthritis requiring daily analgesia. Pregnancy/breastfeeding: Pregnancy: Refer to doctor. Breastfeeding: Not contraindicated. Side effects: Hypersensitivity including skin rash, blood dyscrasias. Overdosage: Immediate medical advice due to risk of delayed, serious liver damage. Legal category: 16's GSL, 32's P. Product licence number: PL 00071/0441. Product licence holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. Package quantity and RSP: Compack 16's £1.45, 32's £2.79. Date of last revision: September 2008.
Panadol is a trade mark of the GlaxoSmithKline group of companies.
Reference:
1. Wilson C et al. Abstract PH 217. International Association for the study of Pain 12th World Congress on Pain, Glasgow, Aug 2008.
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the overweight. However, crash dieting or a high protein diet (which tends to be high in purines) may cause urate levels to rise.

Diet: avoiding foods that are high in purines can help reduce the risk of further gout attacks (see box 1). Eating cherries has been shown to reduce the effect of gout as they are thought to contain an enzyme that helps lower uric acid levels in the body. A dairy-rich diet may also help, as dairy foods appear to induce excretion of urate and can replace other sources of protein in the diet that may be richer in purines.

Exercise can help reduce urate levels, but putting a strain on joints or muscles should be avoided. The joint should be rested during an attack of gout.

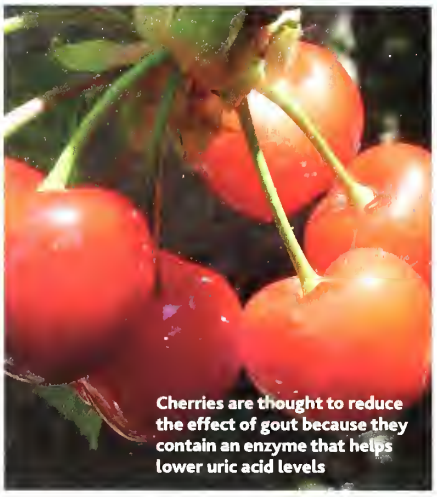
Keeping well hydrated helps reduce the risk of urate crystals forming, but recent research suggests fructose may increase levels of uric acid so sugary soft drinks should be avoided.

Monitoring

Serum uric acid (SUA) levels may be checked four to six weeks after an acute attack of gout then, along with renal function, every three months in the first year, then annually. If frequent attacks continue, compliance with medication may need to be checked and possibly the dose increased. Factors that may trigger an attack may also be reviewed.

Complications

- Permanent joint damage may be caused if gout attacks are frequent, but this is rare if gout is treated.
- Kidney stones are a more common complication, occurring in 10 to 25 per cent of those with gout. These develop when crystals of urate form in the kidneys.
- Tophi are small white lumps under the skin caused by the build-up of crystals of uric acid. They usually develop at least 10 years after the first attack of gout. While they can develop anywhere in the body, they are usually found on the fingers, toes, ears and forearms. Tophi are usually painless but they may become inflamed, though this is uncommon. If large or painful they may be surgically removed.


Cherries are thought to reduce the effect of gout because they contain an enzyme that helps lower uric acid levels

Pharmacist's role

Compliance with medication is crucial in successfully managing gout. If prophylactic drugs are interrupted this can trigger an attack so it is important for the patient to keep taking long-term drugs, even when not experiencing attacks. The pharmacist can play an important part in reinforcing this point to patients. It is also important to help ensure patients have a good supply of medication such as NSAIDs on hand to minimise the impact of an acute attack.

The pharmacist can explain the roles of different medicines – those that treat symptoms in an acute attack and the long-term urate-lowering drugs. You can also help by spotting products that are unsuitable for people with gout, such as aspirin in OTC cold remedies. Reiterating lifestyle advice is another important role.

Miranda Griffin BSc Hons is a freelance medical journalist.

Your Continuing Professional Development

CPD

- For more detailed information about gout and its treatment read An update on Gout on the Arthritis Research Campaign website http://tinyurl.com/5hpueo. NHS Choices also has useful information about gout including advice on treatment with ice. It provides links to news stories about the gout gene and the effect of sugary drinks at http://tinyurl.com/5p4pea.
- Read the MUR Tips for gout on the C+D website – www.chemistanddruggist.co.uk/murzone.
- Revise your knowledge of drug treatments for gout and their dosages in section 10.1.4 of the BNF. Find out if there are any new developments in treatment and research evidence for complementary therapies.
- Would you recognise gout if you saw it? Find some pictures of its different stages and compare them with other forms of arthritis.
- Patients with gout are advised to avoid foods high in purines, but these occur in meat, lentils and beans. Devise a suitable diet based on an alternative protein source. Bandolier has a comprehensive list at http://tinyurl.com/6r5oxl and the Gout Society also produces a leaflet – www.ukgoutsociety.org/docs/diet_factsheet.pdf.
- Think how you could advise patients with gout about their lifestyle. Read the Mind Map on Gout by the Arthritis Research Campaign, and print it out if you think it might be useful – http://www.arc.org.uk/arthinfo/documents/6101.pdf.

- Do you now feel confident in your knowledge of gout, its causes and treatment? Could you give advice to patients about how their diet, lifestyle and medication can affect their symptoms?

Information sources:

CKS: cks.library.nhs.uk/gout
UK Gout Society: www.ukgoutsociety.org
Cochrane: www.cochrane.org
Arthritis Research Campaign: www.arc.org.uk

Next issue: January 10

In the next Update article we look at recent developments in the treatment of type 2 diabetes

CPD Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the January 10 issue, which will cover this month's CPP-accredited modules.

A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on **01732 377269**.

Chemist+Druggist in association with Genus Pharmaceuticals

C+D GENUS PHARMACEUTICALS

Announcing the launch of the **NEW** NICORETTE® nicotine INVISIPATCH™ range from McNeil Products Limited

NICORETTE® INVISI 25mg PATCH™ – a new generation 16-hour patch for smoking cessation

McNeil Products Limited is pleased to announce that the new NICORETTE® INVISIPATCH™ range of NRT patches will be available from 12th January 2009. Initially, NICORETTE® INVISIPATCH™ will be promoted through pharmacy and prescription channels only.

This new patch range offers superior efficacy compared with our current range of NICORETTE® Patch products and provides enhanced cosmetic benefits.

The new NICORETTE® INVISIPATCH™ range is available from your wholesaler from 12th January 2009.

- 25mg, 15mg & 10mg patches available
- Reimbursable on prescription
- 44% more effective at helping smokers quit at 12 weeks compared with our previous patch programme[1]
- 16-hour patch with good safety and tolerability profile[2]
- New semi-transparent patch means even more discreet control of cravings
- Flexible 12-week step-down regimen is dependent on the smoker's daily cigarette intake:
  - Patients smoking 10 or more cigarettes a day should start with 25mg (8 weeks), followed by 15mg (2 weeks) and then 10mg (2 weeks)
  - Patients smoking less than 10 cigarettes a day should start on 15mg (8 weeks) before reducing to the 10mg patch (4 weeks)

Prescriptions will be written from 12th January 2009.

The INVISIPATCH™ range of patches will be available under the following codes:

- PIP codes:
  - 25mg INVISIPATCH (7): 340-3094
  - 15mg INVISIPATCH (7): 340-3102
  - 10mg INVISIPATCH (7): 340-3110
- EAN numbers:
  - 25mg INVISIPATCH (7): 05010123730314
  - 15mg INVISIPATCH (7): 05010123730338
  - 10mg INVISIPATCH (7): 05010123730352

The current NICORETTE® Patch range (15mg/10mg/5mg) will continue to be prescribed and will be available through your wholesaler.

However, customers should be advised not to mix patches from the new NICORETTE® INVISIPATCH™ and current NICORETTE® Patch dosing regimens when stepping down treatment.

For further information please contact your McNeil Products Limited representative or call the McNeil Pharmacy support line on **01628 827975**.

For every cigarette, there's a nicorette

NICORETTE® INVISIPATCH™ Product Information: Presentation: Transdermal delivery system available in 3 sizes (22.5, 13.5 and 9cm²) releasing 25mg, 15mg and 10mg of nicotine respectively over 16 hours. **Uses:** Relief of nicotine withdrawal symptoms as an aid to smoking cessation. **Dosage: Adults (over 18 years):** Patients should stop smoking during treatment. The patch should be applied to the skin on the hip, upper arm or chest in the morning and removed at bedtime. Application should be limited to 16 hours per day. Most smokers are recommended to start on 25mg patch, applying one 25mg patch daily initially. In patients who successfully abstain in 8 weeks, dose should then be reduced to 15mg for 2 weeks and then 10mg for a further 2 weeks. Lighter smokers (smoking less than 10 cigarettes per day) are recommended to start at step 2 (15mg) for 8 weeks and then to decrease to 10mg for the final 4 weeks. Adults who use NRT beyond 9 months should seek advice from a healthcare professional. See SPC for further details. **Adolescents (12 to 18 years):** As per adults, but duration of therapy should not exceed 12 weeks without consulting a healthcare professional. **Under 12 years:** Not recommended. **Contraindications:** Hypersensitivity. **Precautions:** Unstable cardiovascular disease, diabetes mellitus, phaeochromocytoma or uncontrolled hyperthyroidism, renal or hepatic impairment, generalised dermatological disorders. Erythema may occur. If severe or persistent, discontinue treatment. Stopping smoking may alter the metabolism of certain drugs. Transferred dependence is rare and less harmful and easier to break than smoking dependence. May enhance the haemodynamic effects of, and pain response to, adenosine. Keep out of reach and sight of children and dispose of with care. **Pregnancy & lactation:** Only after consulting a healthcare professional. **Side effects:** Erythema, itching, urticaria, headache, nausea, vomiting, GI discomfort, dizziness, palpitations, reversible atrial fibrillation. See SPC for further details. **RRP (ex VAT):** 25mg packs of 7 (£14.83), 15mg packs of 7 (£14.83), 10mg packs of 7 (£14.83). **Legal category:** GSL.

PL holder: McNeil Products Ltd, Roxborough Way, Maidenhead, Berkshire, SL6 3UG. **PL numbers:** 15[illegible] 0161, 15513 0159. **Date of preparation:** December 2[illegible]

References: 1. Tonnesen P, et al. Higher dosage nicotine patches increase one-year smoking cessation rates: results from the European CEASE trial. Eur Respir J 1999; 13: 238–246. **2.** Nicorette Invisi Patch Summary of Product Characteristics. [illegible]

Date of preparation: December 2008

McNeil Products Ltd

Johnson & Johnson

Supporting Pharmacy

Products in brief

Bath time fun for tots

Baby Boo Organic is a new range of toiletries designed for newborn babies and youngsters up to the age of four. Certified organic by the Soil Association and registered with The Vegan Society, the products are free from sodium lauryl sulphate, sodium laureth sulphate and parabens. Included in the range are strawberry and citrus body washes, as well as lavender lotion, shampoo and foaming cleaners. Each of the five variants can be supplied in cases of six with shelf-ready packaging.
Price: £4.88/250ml
Pip codes: see C+D Monthly Pricelist or visit www.cdt.co.uk
Baby Boo Organics
Tel: 07738 823311
a.webb@babyboo-organics.co.uk

More from Pashana

Pashana has extended its barbering range with two products. Alongside, the talcum powder and military brush have had a make-over. Pashana Bay Rum body wash is described as an invigorating all-over body shampoo that produces a rich lather. It includes menthol for a revitalising tingle. Blue Orchid conditioning shampoo is designed to refresh the hair and scalp. The talcum powder's packaging has been brought into line with the rest of the range and the military brush now carries a Paisley motif.
Price: body wash and shampoo £4.99/250ml
Denman International Ltd
Tel: 028 9146 2141
sales@denmanbrush.com

Boxing clever

ATL Associates is putting 74 metres of shelving into one square metre of floor space with its latest medical box columns. Simple to assemble and install, the storage units come as 16 single drawers, eight double drawers or any combination in between, says ATL. Prices start at £1,140 + VAT for a single column comprising three double and 10 single drawers or £2,850 + VAT for two medical box columns, providing 74m.
ATL Associates
Tel: 01664 452860

Product pages are compiled by Lesley Ribbens, marketing editor, lribbens@cmpmedica.com

A confident film debut

A Boxing Day cinema debut beckons for a new Macleans advert. Said by manufacturer GSK to be moving away from traditional, functional-based oralcare advertising and into more aspirational territory, the campaign uses the theme 'The confidence to get up close'.

An attractive woman in her 30s is seen in a chance encounter with a handsome stranger on a city street. She is then seen brushing her teeth with Macleans earlier in the day. The ad aims to convey the idea that she knows she has the confidence to enjoy the encounter, safe in the knowledge that the brand's tooth cleaning and breath freshening efficacy will last throughout the day.

The advertising will run well into 2009 alongside romantic

films such as Australia, targeting a key audience of 35 to 55-year-old ABC1 women.

In mid-January, the creative moves on to television where a 30-second version will run for three weeks across all regions. Further bursts will follow later in the year.

The activity is part of a £3.7 million promotional spend.

Product info:
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637

Halls doubles up with support

A £1.6 million media budget has been allocated to two promotional campaigns backing the Halls brand, reports manufacturer Ernest Jackson.

Halls Mentholyptus licensed mentholated lozenges will be seen on television in a new campaign running during the traditional peak of the winter cough and cold season. The 30-second ad focuses on the brand's vapour action.

In January, the Halls Soothers range of sweets with soothing liquid centres will be supported with a national campaign spanning bus side posters, online activity and ads in the daily and women's press. The core message is a reminder that the sweets offer 'a little drop of comfort for the throat', says Ernest Jackson. Women aged 21 to 45 years are the target audience.

Product info:
Ernest Jackson; tel: 01363 636100

Nicorette unveils Invisipatch

Nicorette Invisipatch has been launched by McNeil. The smoking cessation aid is available in three strengths releasing 25mg, 15mg or 10mg of nicotine over a 16-hour period. It claims to be the first range to include a 25mg variant.

The patches are used in a 12-week step-down programme, with the 25mg variant used in the first eight weeks. The two lower dose patches are then used for two weeks each. McNeil says the 25mg patch helps smokers get off to a cigarette-free first week in their quit attempt, an important predictor of long-term success.

The Invisipatch is semi-transparent and smaller than previous Nicorette patches. It has a GSL licence but, for an initial period, will only be made available to patients with a prescription.

Price: £15.68/7
Pip codes: 25mg 340-3094; 15mg 340-3102; 10mg 340-3110
McNeil Products
Tel: 01628 822222

Hats off to Zovirax

Zovirax cold sore cream is to receive a promotional boost in the new year with a run of national television advertising. The familiar 'Helmet' creative is re-running on terrestrial and satellite channels from January 12 for four weeks.

The 20-second ad uses a motorcycle helmet to show how self-conscious cold sore sufferers want to hide away. Its key message is 'nothing works faster' than Zovirax.

The £520,000 TV burst will capitalise on the winter uplift in cold sore treatment sales, says manufacturer GSK.

Product info:
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637

Warming up for TV

Topical analgesic brand Deep Heat is starting the new year with a £450,000 TV campaign.

The 30-second ads will feature the WellPatch Deep Heat Patch with an additional plug for Deep Heat Heat Rub and Heat Spray variants at the end.

The patch is shown with a glowing outline and the ad uses the tagline 'There's no patch quite like a Deep Heat patch'. Over-45s are the target audience. The ads are running for three weeks from January 5 on ITV, GMTV, ITV3 and network programming, says manufacturer Mentholatum.

Product info:
Laser Healthcare
Tel: 01202 780558

For on TV this week see:
www.chemistanddruggist.co.uk/prodnews

Hair cares minimised

Unilever is set to shake up the deodorant category with the launch of hair minimising variants. On shelf from January, the new Dove and Sure products are being supported with a £6.4 million media investment taking in TV and print, PR and in-store activity.

Within weeks of use, underarm hair will feel finer and be easier to remove. With continued use, underarms will remain hair free for longer between shaves, says Unilever UK.

The new products will be available across the Dove Wild Rose and Nature Fresh sub-ranges and the Sure skin friendly variant, in aerosol and roll-on formats.

Product info:
Prices: roll-ons £2.49/50ml; aerosols £2.99/150ml
Unilever UK
Tel: 020 8439 6100

Solpadeine 'Paint The Town Red'

Independent Pharmacy Winning Windows

The following pharmacies sited the best Solpadeine window displays and as such have been voted the winning pharmacy in their region by GlaxoSmithKline Consumer Healthcare.
Each pharmacy will receive a prize from their local Territory Business Manager in due course.

Rodings Pharmacy, Ilford, Essex

5 Weston Square, Earlsway, Macclesfield

Wooton Pharmacy, High St, Wootton, Northampton

The other winning pharmacies (not pictured) are:

- *Parklands Chemist, 14-18 Merton Way, Ponteland, Newcastle Upon Tyne*
- *Apple Pharmacy, 105 Broughton Street, Edinburgh*
- *Millstream Pharmacy, 1A Clark Road, Wolverhampton*
- *Thomas Pharmacy, 19 Ripple Road, Barking, Essex*
- *Jhoots Pharmacy, 117-119 Blaby Road, Wigston*

The Troubleshooter

In a low income area noted for the poor health of its residents, how can a pharmacy up against competition from two health centres turn around its fortunes? **Troubleshooter** to the rescue...

The Problem

Newcomer to a deprived area

It takes determination to open a new pharmacy in the face of entrenched competition. And when the competition is located in each of the two nearest health centres (accounting for 23 doctors), it takes either courage or foolhardiness, depending on your views on risk.

But pharmacist Mr E is a brave man and in August 2008 he took the lease on a derelict fruit and veg shop, convinced the local PCT to grant him a new 40-hour contract and opened the doors of his pharmacy.

The pharmacy is located in a suburb of Bristol, assessed by the government as one of the most deprived in the south west and where low incomes and poor health are common.

Thirty five per cent of the population are of African or Asian ethnicity. The housing stock is of low quality, relieved only by a couple of murals by the soi-disant 'guerrilla artist' Banksy.

Script numbers have grown month on month, but are still only 50 per cent of the business plan break-even target. The health centres have shunned him.

Mr E felt he needed some help to decide what to do next: enter the Troubleshooter.

Photos: Christopher Jones

Above: the pharmacy is located in one of the most deprived suburbs in the south west, where low incomes and poor health go hand in hand
Left and below: Troubleshooter suggests reducing the 'wall' of household goods to the bare minimum for a more health-focused look

The Diagnosis

Mr E needs to disrupt the established behaviour patterns of the patients using the two health centres – they are used to using the adjacent pharmacies, but he needs to make them aware that there is an alternative and that he can offer them something different. Here is my seven-point plan for saving the day.

1. Determine an offer (the 'proposition') that will differentiate the pharmacy from the competition. Given the social and ethnic make up of the area, I suggest providing free diabetes testing and weight management services. His wholesaler should be able to provide the necessary literature and protocols. He should also contact the pharmacy officer at the local PCT and determine if they have specific health management areas that they wish to focus on and offer to provide them; the PCT may even fund such activities in whole or part.

2. Next, he needs to raise awareness. Leaflets should be produced, majoring on the services offered, and distributed in the immediate local vicinity. His wholesaler or buying group may be able to assist in production or design and there is a wide range of providers of local distribution services. Once is not enough – at least three successive monthly distributions should be planned.

3. In parallel he should make contact with local social and religious community organisations. If the people won't come to the pharmacy, the pharmacy should go to the people. Mr E can offer to run appropriate testing or clinics in the community centres and request them to display and distribute his fliers as well. As a local resident himself, he must also use his friends and family network to spread the word. Local press would be interested in local community health initiatives and should be contacted and involved.

4. The pharmacy must be made fit for purpose for service delivery. At present there is no consultation room (although suitable space does exist). As a matter of urgency one needs to be provided.

5. Likewise, the merchandising of the pharmacy does not reflect health oriented best practice. One full wall is devoted to household goods and another half wall to hair products. These need to be reduced down to a bare minimum of distress purchase items and the space freed up used to display vitamins, cough/cold/pain and baby products. Not only does this remove slow selling items from the shelves, it gives the pharmacy a more 'health' focused look. P meds are kept in a cabinet situated at knee level under the counter (and thus difficult to both view and serve). They should be raised up onto the back wall behind the counter, at eye level, replacing the useless display of perfumes.

6. Mr E runs the pharmacy by himself with no assistants. This is untenable. In order to deliver a full pharmacy service he needs at least one full-time assistant to deal with customers while he is involved in dispensing or service delivery. While staff numbers are always an issue it is a false economy to have none.

7. Mr E is a member of the Cambrian buying group. As such he should stick to their buying programmes and not spend time worrying about comparing generics pricing and the like across suppliers – buying groups exist to help members maximise their returns and his time will be much better spent on marketing and providing his pharmacy service.

There are real issues of healthcare provision and management in this pharmacy's locality but Mr E has the chance to use his energy, community membership and skills to differentiate his proposition from the manager-run chain-owned competition that currently have the area 'sown up'. It will not be easy and he will have to invest time and money and be prepared to see little financial return for his hard work for some time. But if he sticks to the strategy outlined above, and toughs it out, he will have the reward not just of making a going financial concern of the pharmacy but also of making a real contribution to improving the health of the surrounding community – and in so doing winning the support of his patients and the trust and respect of other local health professionals, especially the local doctors.

The Troubleshooter: Steve Dunn, Florence Associates, steve@florencehouse.entadsl.com

Mr E's Comment

Mr E says: The Troubleshooter has provided useful comments and his assessment is pretty accurate. I will be trying to implement the seven-point plan, and I have been in discussion with my wholesaler about the introduction of a diabetes service, which I hope to take forward in January. I also intend to look at potential new services in the future.

Re-merchandising of the shop is taking place, reducing the amount of space given to 'non-health'-related products. It is getting near to Christmas and sales of perfumes are taking place so I think it's important to get the balance right, but I take the point that the pharmacy needs to have a health-focused image.

And yes, I would love to have a full-time assistant, so that is something I am looking at. The Troubleshooter has made some good points and I would agree with him that a local pharmacy that is prepared for some hard work should be able to make a difference in this community.

2008: annual review

Financial highs and lows, a first ever pharmacy white paper and the new professional body takes shape. Oh, and don't forget the goat massacre. **Max Gosney** looks back at the stories that made the front pages in 2008

January: Alison White quits the NPA after just six months

February: Sandra Gidley is the first MP to join C+D's Building Bridges campaign

March: Pharmacist MP Bharj tells his story of prescription payment errors

June: Steve Churton replaces Hemant Patel at the RPSGB

January

As the credit crunch begins to turn the screw on the global economy, pharmacy faces up to its own new year financial crisis. The source of the squeeze isn't the sub-prime mortgage market, but the familiar threat of category M. Business experts warn that the previous October's £400 million raid on purchase profits would hit home in January trading statements.

Also hitting the headlines: the job merry-go-round enters full swing as Alison White quits the NPA after just six months in charge. Mark James also replaces Steve Dunn as AAH chief.

February

Senior health ministers have made only a handful of visits to pharmacies, a parliamentary question reveals. C+D leads the fightback through our Building Bridges initiative. The campaign aims to get as many MPs as possible out to their local pharmacy. Liberal Democrat MP Sandra Gidley starts the ball rolling. Over 40 MPs follow in her footsteps during the year.

Also hitting the headlines: Phoenix announces a fuel surcharge and stories of prescription payment errors surface.

March

Beware the ides of March. Good advice whether you're Julius Caesar or a humble contractor. This month brings accounts of pharmacists being up to £2,000 out of pocket because of processing problems with automated scanning technology at the Prescription Pricing Division (PPD).

Also in the headlines: morale among pharmacists hits rock bottom according to the C+D salary survey. Nearly a third of employees say they intend to quit the sector.

April

Spring dawns and the pharmacy white paper promises to put a spring back in pharmacists' step. The government pledges to turn pharmacies into healthy living centres. The profession is pencilled in to screen all 40 to 74-year-olds for vascular diseases. MURs are to be overhauled to ensure quality reigns over quantity and a national PR campaign to promote pharmacy is also announced.

Also in the headlines: time to reach for your reading glasses and a strong cup of coffee as Anne Galbraith's control of entry review is published and the Clarke inquiry on a new professional leadership body also arrives. Combined with the white paper, the total page count is 326.

May

Bullying rears its ugly head as employee pharmacists and locums say they are being put under unfair pressure to meet MUR targets. Some employers are adopting naming and shaming tactics to humiliate underperformers, the Pharmacists' Defence Association says. A C+D investigation uncovers similar complaints of bullying. Employers say that they take a supportive approach on MURs and that their attitude is more carrot than stick.

Also in the headlines: tensions flare over the Responsible Pharmacist legislation. The industry says the government is 'walking into trouble' over a clause allowing pharmacists to be absent from premises for up to two hours. Council elections fail to inspire the same passion as just 16 per cent vote.

June

It's all change at the Society as Steve Churton replaces Hemant Patel as president. Mr Patel tells his successor he's got his work cut out convincing grassroots pharmacists to join the Society-led future professional body. The incoming president gets a hostile reception from some quarters over his association with Boots. However, Mr Churton, head of professional practice at the firm, says he is impartial and will work for all pharmacists.

Also in the headlines: C+D celebrates the best of the profession at its inaugural awards. The government and big pharma propose a 5 per cent cut to branded drug prices and Scottish pharmacists bag ring-fenced funding for stop-smoking and sexual health services.

June: The C+D Awards 2008. A glittering evening that celebrated the very best in pharmacy

July

The NHS blows the candles out on its 60th birthday and Lord Darzi delivers his gift – an elixir of reforms to revive the health service. Quality measures are to be a key driver of the future, with pharmacists having to publish quality accounts. An NHS constitution is also to be created to guarantee patient's rights.

Also in the headlines: the real cost of category M is revealed as C+D reports on redundancies caused by the massive cut in purchase profits. Better financial news arrives though as PSNC and the PPD reveal a compensation for prescription switching errors.

August: Baaad boy Paul Badham gets the Society's goat with his shop window protest

August

All work and no play make pharmacists likely to burn out, according to the industry's trade union. The PDA Union warns that a 60 per cent rise in script volumes combined with dwindling staffing levels mean workloads are "an accident waiting to happen".

Also in the headlines: Devon pharmacist Paul Badham gets the goat of the Society when he uses a cuddly toy and a cross in his pharmacy window to protest against the massacre of local goats. He receives a written warning.

September

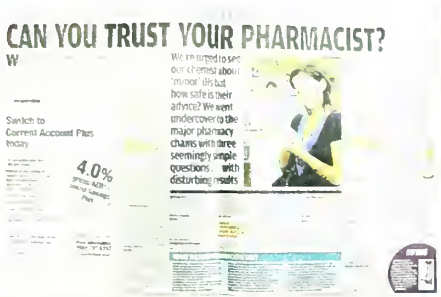
Big money rescue packages were to become a familiar theme of the autumn. But well before Chancellor Alistair Darling bails out the banks, PSNC persuades government to dig deep for cash-strapped pharmacy contractors. The organisation announces an extra £280m to counter an "unsustainable shortfall" in funding. A cost inquiry is also tabled to establish more realistic income for the future.

Also in the headlines: consumer group Which? claims to have found pharmacies offering potentially dangerous advice to patients. UniChem and AAH say they are adding monthly fuel surcharges to offset record-breaking forecourt prices.

October

The Perfect Storm. No, not the Hollywood film about fishermen caught in a vicious gale in the North Atlantic, but freak conditions threatening drug shortages. Pharmacists are told to brace themselves for supply problems as currency fluctuations, manufacturer quotas and branded medicine price cuts put the squeeze on stocks.

Also in the headlines: the profession suffers another spate of bad press as the Daily Mail says pharmacies failed its mystery shop tests.


CAN YOU TRUST YOUR PHARMACIST?

November

Mobile phone giant Orange used to run adverts proclaiming 'The future's bright, the future's orange'. The Society is certainly hoping so, as its carrot-coloured prospectus outlining its bid to become the future professional body lands on doorsteps. The document claims to give the lowdown on what grass roots professionals could get from joining the organisation.

Also in the headlines: a Glasgow pharmacy team saves a local woman from being poisoned by a carbon monoxide leak. Pharmacist Heather Climson and dispenser Wendy Graham detect the problem, which is traced to a faulty car, during a routine consultation.

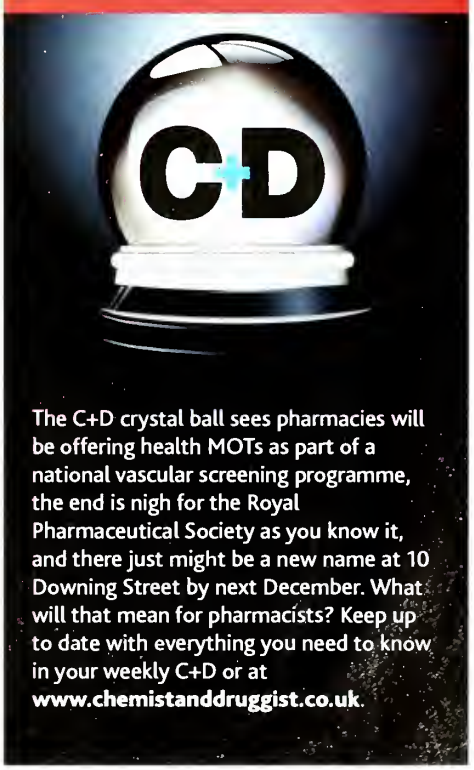
December

Pharmacies in south London are to be the first to provide the Pill without a prescription. Southwark and Lambeth PCTs confirm pilot schemes are due to start from summer 2009. The news comes just days after the industry celebrates 25 years of POM to P drug switches.

Also in the headlines: pharmacists notch up more than a million medicines use reviews and multiples grow market share to a record high, according to official NHS statistics. England's new pharmacy czar and Boots' superintendent pharmacist both give their views on all things pharmacy in C+D's digital edition.

December: Jonathan Mason, England's new pharmacy czar, gives his views in C+D's second digital edition

2009?



The C+D crystal ball sees pharmacies will be offering health MOTs as part of a national vascular screening programme, the end is nigh for the Royal Pharmaceutical Society as you know it, and there just might be a new name at 10 Downing Street by next December. What will that mean for pharmacists? Keep up to date with everything you need to know in your weekly C+D or at **www.chemistanddruggist.co.uk**.

C+D AWARDS 09

The best industry event of the year is back and it promises to be even more glamorous and prestigious than before. Championing the very best of community pharmacy, the C+D Awards 2009 celebrates the people and companies who go above and beyond the call of duty when delivering pharmacy services.

Whether you are a newly qualified pharmacist or a pharmacy technician, an LPC chief executive or a pre-reg student, this is your chance to be in the spotlight. Tell us about your achievements and it could be you on the winner's podium.

Last year's event was a glittering occasion, as the winners received their trophies in front of a sell-out crowd at London's Grosvenor House Hotel and partied late into the night. This year there are 15 categories covering every aspect of community pharmacy – so make sure you don't miss the chance to be a C+D Award winner.

Trophies will be presented at an awards ceremony on Wednesday 17 June 2009 at London's Grosvenor House Hotel. Complete your entry now and don't miss the chance to be a winner at the C+D Awards 2009.

Good luck!

Gary Paragpuri, C+D Editor

The award categories

- Community Pharmacist of the Year
- Pre-registration Graduate Pharmacist of the Year
- New Pharmacist of the Year
- Pharmacy Manager of the Year
- Pharmacy Technician of the Year
- Pharmacy Assistant of the Year
- MUR Champion of the Year
- Clinical Service of the Year
- Retail Service of the Year
- Business Development of the Year
- Green Award
- Pharmacy Team of the Year
- Pharmacy Innovation of the Year
- Pharmacist Prescriber of the Year
- Pharmacy Business Leader of the Year

Full details of all the categories, an entry form and hints and tips can be found on the C+D website at **www.chemistanddruggist.co.uk/awards**

The judges

Carwen Wynne Howells, chief pharmaceutical adviser, Wales
Norman Morrow, chief pharmaceutical officer, Northern Ireland
Keith Ridge, chief pharmaceutical officer, England
Bill Scott, chief pharmaceutical officer, Scotland
Andy Murdock, director of pharmacy, Lloydspharmacy
Alan Nathan, pharmacy writer/consultant
Clive Jackson, chief executive, National Prescribing Centre
Rob Darracott, chief executive, CCA
John D'Arcy, interim managing director, Numark
Steve Dunn, business consultant
Rachel Marchant, senior learning & development manager, Boots
Nicola Brady, group training & development manager, Co-operative Pharmacy
Marilyn Jones, training manager, Weldricks
Paul Bennett, superintendent pharmacist, Alliance Boots
Nick Barber, professor of pharmacy practice, London School of Pharmacy
John Nuttall, managing director, Co-operative Pharmacy
Jonathan Mason, national clinical director for community pharmacy, Department of Health
Fin McCaul, C+D Pharmacy Team of the Year 2008 Winner
David Smith, C+D MUR Champion of the Year 2008 Winner
Aniket Parikh, C+D New Pharmacist of the Year 2008 Winner
Nichola James, C+D Pharmacy Manager of the Year 2008 Winner
Pamela MacPherson, C+D Pharmacy Technician of the Year 2008 Winner
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Ravi Patel, C+D Pre-registration Graduate of the Year 2008 Winner
Stephen Foster, C+D Clinical Service of the Year 2008 Winner
Paul Howie & Dave Roberts, C+D Business Development of the Year 2008 Winner
Duncan Murray, C+D Retail Service of the Year 2008 Winner
David Croucher, C+D Green Award 2008 Winner
Valerie Sillito, C+D Community Pharmacist of the Year 2008 Winner

How to enter

- Full category details plus hints and tips for entry can be found on our website at **www.chemistanddruggist.co.uk/awards**
- Choose which category you wish to enter. There is no limit to the number of categories you can enter. The same entry cannot be used in more than one category. A separate entry form must be completed for each category entered. Current C+D Award winners cannot re-enter the category they won in 2008 but are free to enter any other category in 2009.
- Entries must be submitted using either the awards entry form below, or alternatively, by completing the simple online entry process at www.chemistanddruggist.co.uk/awards.
- Your submission must not exceed 500 words. You must describe what you have done and why you deserve to win. The judges will look to see how you meet the criteria for each category. Full entry details can be found at C+D's website. You should include supporting material (clearly labelled) such as testimonials, financial results, research, performance metrics, photographs, service protocols, press clippings, marketing material etc. These should be provided to enhance your chances of winning. Remember, the more detail you provide, the easier it will be for the judges to make an informed decision. Please note that supporting material does not count towards the 500 word limit. Please submit five copies of your entry form and all support materials.
- Note that entries without appropriate supporting evidence such as applicable financial information will not be shortlisted, as such information forms an essential part of the judging process.
- All entries will be treated in the strictest confidence and will only be used for the purpose of the judging process. Judges sign a confidentiality agreement and sensitive entry information is not published. We are unable to return any supporting material provided, so you may wish to send copies rather than the original documentation. Work referred to in awards entries should have taken place between 1 January 2008 and 31 December 2008. Preparatory work could have taken place earlier than 1 January but only results achieved in 2008 will be taken into account.
- The judges will independently mark entries against the award criteria set out in each category – so make sure you provide all the information requested. The judges' scores will be collated to find the winner. C+D will notify those who have made it to the shortlist and publish details in the magazine. All shortlisted entrants will be invited as C+D's guests to the awards ceremony on Wednesday 17 June 2009 at the Grosvenor House Hotel in London, where the winners will be revealed and presented with their trophies. The winners will also be featured in C+D following the awards evening.

Entry form

Please complete all fields and send this form or a copy with your entry submission to: Katherine Mannix, C+D Awards 2009, Ludgate House, 245 Blackfriars Road, London SE1 9UY by **Friday 6 March 2009**

You can also enter online at www.chemistanddruggist.co.uk/awards

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Job title

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to availability

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*Linda Jones Associates 2008

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Open Mike — Mike Hewitson

The not-so-secret diary of a new pharmacy owner

Mike Hewitson is a glutton for punishment. In the midst of economic downturn and with first-time fatherhood looming, Mike has bought his first pharmacy. In this regular column, follow him from his former home in Cheltenham to Beaminster Pharmacy in deepest, darkest Dorset, and Mike will reveal the fears, frustrations and step-by-step successes of a new pharmacy owner.

> "I'd like a visit from the DIY fairy to finish off the flat before the baby arrives"

'Tis the season... to look back at the year and reflect on all the things that have changed. But, for me, that list is too long – so instead I'm going to look forward to 2009.

If there was a pharmacy Father Christmas (Pharther Christmas?), this is what I'd like under the tree:

- Enhanced services that benefit the people of Beaminster and allow me to earn reasonable reward for the effort involved, rather than generic, one-size-fits-all solutions to problems that don't affect my town.
- No more direct-to-pharmacy distribution schemes. I don't want to sound too political, but they are driving me nuts! Less discount, more work, less choice, more hassle...
- For the people who make decisions that affect me to have actually worked in a pharmacy at some point in the last decade.
- A visit from the DIY fairy to finish off the flat before the baby arrives.
- A day off!

Joking aside, next year is going to be tough for a lot of people. It's all too easy to forget how fortunate our industry is – even if it doesn't feel like it at times.

Merry Christmas and best wishes for 2009.

Plus ça change

As pharmacists try to get the measure of the all-new professional body and decide whether they will sign up or not, PostScript was interested to read the views of a pharmacist writing in C+D in 1902.

The comments began strongly: "Well, I should say that the Society in Bloomsbury Square is not doing that amount of good which Providence has placed within its compass."

The writer explained: "The examinations which men have to pass under the present dispensation are unnecessarily severe on the technical side; while the side on which the main chance lies – the trade side – is left severely alone. The Society I think should strive to make tradesmen of those who pass under their portals, as well as chemists, and not leave it to chance whether they sink or swim in the struggle for life."

He went on: "Their policy appears to be essentially the one of 'laissez faire', seeking nothing beyond the landing of bullion in the shape of entrance fees."

And the author suggested a solution, saying: "My remedy would be transfusion of new blood at the Square, and a medicining to sleep of all the familiar prophets and duffers who now are held up as patterns for our imitation." Déjà vu, anyone?

With thanks to Dr Stuart Anderson, associate dean of studies, London School of Hygiene and Tropical Medicine.

Web comment of the week

PCTs not up to policing EPS nominations, industry fears

Posted by anonymous on 12/12/2008 ,13:55

> If pharmacies are **losing business**, they should look at their own business first rather than **adopting** the **traditional** protectionist **'poor me'** stance

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Canned by Campbells

It can claim to be the longest-running advert in C+D, but it has finally been canned by soup manufacturers Campbells.

For years the monthly Pharmacy Update MCQ form has pictured a graphic with the catch line Eradicate Tuberculosis. Update sponsor Genus Pharmaceuticals (and particularly its managing director Peter Ballard) are long-time supporters of this most worthy mission.

But a copy of the advert has finally found its way to the kitchens at Campbells. They think the picture looks a bit like the labelling on their eponymous cans of soup, and have got the hump.

It might have been different if the picture had been drawn by Andy Warhol.... but it wasn't. Update MCQs will be carried weekly on the C+D website from January 2009. Sign up for Update 2009 now!

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